



HONORING TRADITION. DRIVING INNOVATION.

EVENT PROPOSAL FORM: The ARTERY

Please read the guidelines carefully and complete the Proposal Form.

Title of Event: _____
Contact Name: _____
Business/Organization: _____
Website: _____
Email: _____
Phone: _____
Street: _____
City: _____ State: _____ Zip: _____

My Event is a (check one):

- Event Workshop/Program Rehearsal
 Other: _____

Date of Event: _____
Time of Event (if applicable): _____
Fee Structure (if applicable): _____
Technical Requirements: _____
Description: _____

Please include any requested supplemental materials.

I have read and agree to comply with the AAAC guidelines.

Print Name: _____
Signature: _____ Date: _____

The Artery . A Flex-Space provided by the Asheville Area Arts Council

346 Depot Street . Asheville, NC 28801

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